

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/575153

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2				1		
3	2			1		
4	2			1		
5	2			1		
6	2			1		
7	2			1		
8	2			1		
9	0			1		
10	1			1		
11	2			1		
12	0			1		
13				1		
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TOTAL IND.	1		1			
TOTAL DEP.	17	↔	12	↔		
TOTAL CLAIMS	18		13			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		
TOTAL DEP.				↓		
TOTAL CLAIMS				↓		